
4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

services;

2. activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and

3. assistance in developing independent living skills; and

C. crisis assistance. "Crisis assistance" means help to the child, the child's family and all providers of services to the child to:

1. recognize factors precipitating a mental health crisis;
2. identify behaviors related to the crisis; and
3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. The services focus on crisis prevention, identification, and management. Crisis assistance service components are:
 - a. crisis risk assessment;
 - b. screening for hospitalization;
 - c. referral and follow-up to suitable community resources; and
 - d. planning for crisis intervention and counseling services with other service providers, the child, and the child's family.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week.

Payment is limited to the above components of family community support services, plus time spent traveling to and from the site where family community support services are provided. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Only 40 hours of travel per client in any consecutive six-month period is paid. The 40-hour limit may not be exceeded on a calendar year basis unless prior authorization is obtained.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides family community support services. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through N below are **not** eligible for MA payment:

- A. client outreach for the purpose of seeking persons who potentially may be eligible for family community support services;
- B. family community support services provided to a child who at the time of service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness), except that the first 30 hours of family community support services

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

provided to a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness) at the time services began is eligible for MA payment;

- C. more than 68 hours of individual, family, or group skills training within any consecutive six-month period. The 68-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;
- D. more than 24 hours of crisis assistance within any consecutive six-month period. This limit may not be exceeded during any calendar year, except in the case of an emergency, and prior authorization or after-the-fact authorization of the psychotherapy is obtained under State rules governing after-the-fact authorization;
- E. family community support services that exceed 92 hours in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. The 92-hour limit may not be exceeded during any calendar year. Additional family community support services beyond 92 hours are eligible for MA payment with prior authorization;
- F. crisis assistance and individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. family community support services provided at the same time as professional home-based mental health services;
- H. family community support services simultaneously provided with therapeutic support of foster care services;

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- I. assistance in locating respite care and special needs day care, and assistance in obtaining potential financial resources, including federal assistance;
- J. medication monitoring;
- K. family community support services not provided by a county board or eligible provider under contract to a county board;
- L. family community support services simultaneously provided by more than one mental health professional or practitioner unless prior authorization is obtained; or
- M. family community support services to a child or the child's family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except up to 60 hours of day treatment services within a six-month period provided concurrently with family community support services to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
 - 1. being phased out of day treatment services and phased into family community support services; or
 - 2. being phased into day treatment services and the family community support services and day treatment services are identified with the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

N. Family community support services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient.

5. **Therapeutic support of foster care services** for children are the mental health training and support services and clinical supervision provided by mental health professionals or mental health practitioners to foster families caring for a child to provide a therapeutic family environment and support the child's improved functioning. For purposes of item 4.b., a child eligible for therapeutic support of foster care means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance, (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 16a, items A-D for **professional home-based mental health services**. The number of foster children in a family receiving therapeutic support of foster care cannot exceed two, unless otherwise approved by the Department.

The diagnostic assessment must have determined that the child meets the functional criteria noted above and is in need of therapeutic support of foster care.

The services are for the purposes of enabling a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child with the child's family after out-of-home placement.

The entities eligible to provide therapeutic support of foster care services are the same as those for **family community support services**, page 16j. These entities provide therapeutic support of foster care services primarily in the child's foster home, but may also provide them in the settings provided for on page

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

16b for **professional home-based mental health services**, and where the child works.

A provider of therapeutic support of foster care must meet the qualifications in items A to E, below:

- A. the provider must be skilled in the delivery of therapeutic support services to foster families caring for children with severe emotional disturbance. Mental health practitioners must receive 20 hours of continuing training every two years. The topics covered must conform to those listed in State rules governing training for family community support services.
- B. mental health practitioners cannot have caseload sizes of more than eight children.
- C. if the county board has not done so, the provider must provide or assist the child or the child's family in arranging mental health crisis services for the child and the child's foster family which must be available 24 hours per day, seven days a week.
- D. the provider must submit a letter to the Department before providing therapeutic support of foster care services, assuring that the agency with which it contracts has adequate capacity to recruit mental health professionals and practitioners to provide such services.
- E. the provider must ensure that therapeutic support of foster care services are given in a manner is consistent with national core values for foster care treatment.

A provider of therapeutic support of foster care services must be capable of providing all of the components specified in items A-C on pages 16b-16c for **professional home-based mental health services**.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Payment is limited to the above components, plus time spent traveling to and from the site where therapeutic support of foster care services are provided, up to 128 hours of travel per client in any consecutive six month period. These limits apply on a calendar year basis as well. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Additional travel hours may be approved as medically necessary with prior authorization.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through J below are **not** eligible for MA payment:

- A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, has not had a diagnostic assessment to determine if the person has a serious and persistent mental illness), except that the first 30 hours of therapeutic support of foster care services provided to a foster family with a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a serious and persistent mental illness) at the time services began is eligible for MA payment;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year unless prior authorization is obtained.
- C. more than a combined total of 48 hours within any consecutive six-month period of individual, family, group, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained;
- D. therapeutic support of foster care services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. Additional therapeutic support of foster care beyond 240 hours are eligible for MA payment with prior authorization;
- E. psychotherapy provided by a person who is not a mental health professional;
- F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on page 16q;
- H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;
- I. therapeutic support of foster care to a foster family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility are limited to:

- A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.
- B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.
- C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities. It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.
- D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

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4.b. Early and periodic screening, diagnosis, and treatment services: continued)

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

- A. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
- B. Developed with assistance from recipients' families or legal representatives; and
- C. Supervised by a mental health professional.

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4.b. Early and periodic screening, diagnosis, and treatment services:

EPSDT services are paid the lower of:

- (1) submitted charge; or
- (2) 75th percentile of all screening charges submitted by providers of the service during the previous 12-month period of July 1 to June 30.

The adjustment necessary to reflect the 75th percentile is effective annually on October 1.

Skills training services for children provided as professional home-based mental health services, family community support services and therapeutic support of foster care are paid the lower of:

- (1) submitted charge; or
- (2) effective January 1, 2000, for X5538 and X5539: \$18.35; for X5540: \$9.17; for X5541: \$.51.

Crisis assistance services provided as family community support services are paid the lower of:

- (1) submitted charge; or
- (2) \$22.09.

Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility is based on the daily rate negotiated by the county. The county will pay the residential facility the full negotiated rate and certify to the Department that the rate paid represents expenditures eligible for the matching Federal medical assistance percentage. The county is responsible for the nonfederal share.

The Department, using the rate methodology below, determines the medical assistance percentage of the per day negotiated rate and submits a claim to HCFA. The Department returns to the county the Federal medical assistance percentage.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Rate Methodology

The negotiated daily rate paid to a children's residential treatment facility is the same for medical assistance-eligible and non medical assistance-eligible individuals.

Beginning July 1, 2000, the allowable medical assistance daily rate is determined using a statistically valid random day log time study containing various activity categories and an annual facility cost report.

The time study of facility staff determines the percent of time spent by direct service staff on various specific activity categories constituting allowable and unallowable rehabilitative activities.

The annual cost report from each facility provides a breakdown of facility costs into the same activity categories utilized in the time study and a breakdown of allowable and unallowable medical assistance costs. The results of the time study determine the amount of salary and fringe benefit costs for direct service staff that are charged to each activity category. Direct costs are those costs attributable to a specific activity and, therefore, are charged directly to that time study activity category. Salary, fringe and direct costs are totaled for each category and then indirect costs are allocated to each category based on the proportion of each category to the total of all facility costs. The proportion of allowable medical assistance costs to total facility costs establishes the percentage of the daily rate eligible for medical assistance payment.

Rate Formula:

The medical assistance payment is the computed medical assistance percentage of the daily rate multiplied by the total facility daily rate.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

All of the following conditions must be met in order for a claim to be made:

- (1) residents must be eligible for medical assistance
- (2) residents received rehabilitative services that day
- (3) all documentation requirements are met

A residential facility's daily medical assistance rate will be reviewed and updated quarterly for changes in the negotiated rate and annually for changes in time study or cost data.

Other EPSDT providers are paid in accordance with the methodology set forth elsewhere in this Attachment for the provider type enrolled to provide the service.